## Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>03/27/08</u>	Address:	Country Club Rd.
Case #:	16F17936		1/4 mi, S. of Manitou Rd.
County:	<u>Fulton</u>		Rochester IN.
Type of Laboratory Seizure (check one)  ☑ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Seizure Location (c Residence Outbuilding Vehicle	check all that apply)  Hotel/Motel Open – No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)  [] Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: no structure			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid: no structure			
Corrosive Base: no structure			
Other (item and location):			
Yes _ No	er age 18 discovered (check one) (number present) eport to Child Protective Services	Ephedrin	re Information ne/Pseudocphedrine Tracking Log erchant Tip
This report is to be faxed to the following agencies that serve the location:			
Health Der	ment: Rochester FD.  partment: Fulton Co. Health  ection Service: Fulton Co.	Fax: <u>574-7</u> Fax: <u>574-7</u>	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: R. Burgess Phone 765-473-6666			

- \*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department, listed within 24 hours of scene processing.
- \*\*\* This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.